PROFESSIONALS Resource Network

RE: _____ Date: _____

The Professionals Resource Network (PRN) has the above participant's consent to request reports from you on a periodic basis. This report is needed to ensure the participant's Contract compliance. We appreciate your taking the time to complete the information below as soon as possible. You may email the report to admin@flprn.org. You may also fax the report to 904-261-3996. If you have any questions regarding this reporting process, please do not hesitate to call this office (800-888-8776).

Diagnosis: DSM-_____

_____

_____

Is this diagnosis changed from last update? Yes No

Have you checked the E-Forcse/PDMP (Prescriber only)? Yes No

Current Medication (Prescriber only):

1. _____ 2._____

3._____ 4._____

Level of Motivation for Treatment:_____
0 10

Compliance with Recommendations/Attendance (circle one):

High Moderate Low

Are you aware of any unapproved alcohol or drug use or unreported acting out behaviors?

No Yes _____

_____

High Risk Issues:
For relapse/regression in addictive behaviors:_____

_____

For relapse in other psychological/behavioral/medical areas:_____

_____

Able to Practice Safely: Yes No

Plan:
Type of Intervention:_____
Frequency of Sessions:_____
Projected Length:_____

Please note: Any proposed change to the agreed upon plan on any party's part necessitates prior discussion with all parties (treatment provider/PRN participant/PRN).

_____ _____
Signature Print Name

Would you like PRN to contact you?_____ Contact Number_____

Dedicated to Serving Professionals in Need